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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE RECEIVED

In re a	pplication of:	SEP 2 2 2004
	SPOONER, Christopher, et al.	Technology Center 2100
Serial	No.: 09/853,821	) Group No.: 2121
Filed:	May 14, 2001	) Examiner: <b>BELL, Meltin</b>
For:	Computer Architecture Using Self-Manipulating Trees	) ) )
	<u>AMENDMEN</u>	VT TRANSMITTAL
P.O. B	nissioner for Patents Box 1450 ndria, VA 22313-1450	
Sir:		
		se and Amendment Under 37 C.F.R. §1.111 in e Action mailed on March 17, 2004, in the above-
2.	Supplemental Information Dis Submission of "Sequence List	rrections) Informal sclosure Statement (PTO Form 1449) ing." Computer readable copy and/or amendment ology invention containing nucleotide and/or
<ol> <li>1.136(</li> </ol>	EXTENSION OF TIME The proceedings herein are for a pa (a) apply.	tent application and the provisions of 37 C.F.R. §
	conditional petition is being r	extension of time is required. However, this nade to provide for the possibility that Applicants I the need for a petition and fee for extension of

Attorney's Docket No. 50174. 020200 Application Serial No. 09/853,821 Reply to Non-Final Office Action of March 17, 2004

Applicants petition for an extension of time, the fees for which are set out in 37 C.F.R. § 1.17(a)-(d), for the total number of months checked below:

Total Months	Fee for	Fee for Small
Requested	<b>Extension</b>	<b>Entity</b>
one month	\$110.00	\$ 55.00
[ ] two months	\$420.00	\$210.00
[X] three months	\$950.00	\$475.00
[ ] four months	\$1,480.00	\$740.00

×	Extension	of time	fee due	with this	request:	\$475.00
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If an	extension (	of time	is required.	please	consider	this a	Petition	therefor

		An extension for	_ months has already been secured and the fee paid therefor
of \$	_ is de	educed from the total fe	ee due for the total months of extension now requested.

## 4. Fee Calculation

			CLAIMS AS AME	NDED		
	Claims Remaining After Amendment		Highest No. Previously Paid	Present Extra	AT Rate Of	Total Fees
Total Claims	24	Minus	24	0	x \$9.00 each =	+\$ 00.00
Independent Claims	6	Minus	6	0	x \$43.00 each =	+\$ 00.00
First presentation of multiple dependent claim(s)					\$ 145.00	+\$ 00.00
SUB-TOTAL =						\$ 00.00
TOTAL FEE =					\$ 00.00	

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5.	Fee Pa	yment
		No Fee is to be paid at this time.
	×	Check No. 015196 for \$265.00 and Check No. 014893 for \$210.00 in the total amount of \$475.00 are enclosed.
		The Commissioner is hereby authorized to charge \$.00 to Deposit Account No. 50-0653.
	×	The Commissioner is also hereby authorized to charge any additional fees
associa	ited with	this paper, or credit any overpayment to Deposit Account No. 50-0653.
Date:_	Sept	Respectfully submitted,  James E. Goepel Registration No. 50,851 Telephone No. (703) 903-7536 Facsimile No. (703) 749-1301
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Customer No. 22191